Chapter 5 - Arrangements for the prescription, administration, review and recording of medicines

Medicine useage

In order to determine the levels of prescribing at the trust between 1998 and 2001, CHI requested a breakdown from the trust of usage of diamorphine, haloperidol and midazolam for Daedalus, Dryad and Sultan wards. Some of the medicines used in the care of older people can be delivered by a syringe driver which delivers a continuous subcutaneous infusion (under the skin). This information has been plotted against the total number of admissions for the relevant year. The data relates only to medicines issued from the pharmacy and does not include any wastage, nor can it prove the amounts of medicines actually administered. A detailed breakdown of medicines for each ward is attached at appendix H.

The usage of the particular three medicines demonstrated below were highlighted by the experts commissioned by the police as of concern.

Though the police expert witnesses reviewed the care of five individual patients who died in 1998, comments were also made in the reports forwarded to CHI by the police about the general clinical leadership and patient management process in place on the wards. This is an overlap with CHIs own investigation term of reference. A summary of those comments is as follows:

- The inappropriate prescription of strong opiate analgesia as the initial response to pain. It was the view of the police expert witnesses that a more reasonable response would be to prescribe a mild to moderate medicine initially with appropriate review of any pain followed up.
- The inappropriate subcutaneous combined administration of diamorphine, midazolam and hyocine which could carry a risk of excessive sedation and respiratory depression in older patients, leading to death.
- An assumption by clinical staff that patients had been admitted for palliative, rather than rehabilitative care.
- The failure of clinical managers to routinely monitor and supervise care on the ward.

The following graphs below detail the decline in usage in specific medicines between 1998 and 2001. Nursing staff interviewed confirmed the decreased use of both diamorphine and the use of syringe drivers since 1998. CHI review of recent case notes confirmed that prescribing of diamorphine, midazolam and haloperiodol is now within more usual levels.

ASSESSMENT AND MANAGEMENT OF PAIN

The Trust's policy for the assessment and management of pain was introduced in April 2001 in collaboration with Portsmouth Hospitals NHS Trust and is due for review in 2003. The stated purpose of the document was to identify mechanisms to ensure that all patients have early and effective management of pain or distress.

The policy places responsibility for ensuring that pain management standards are implemented in every clinical setting and sets out the following:

- The prescription must be written by medical staff following diagnosis of type(s) of pain and be appropriate given the current circumstances of the patient.
- If the prescription states that medication is to be administered by continuous infusion (syringe driver) the rationale for this decision must be clearly documented.
- All prescription sheets for drugs administered via a syringe driver must be written on a prescription sheet designed for this purpose.

CHI has also seen evidence of a pain management cycle chart and an analgesic ladder. The analgesic ladder indicates the drug doses for different levels and types of pain, how to calculate opiate doses and advice on how to evaluate the effects of analgesia and how to observe for any side effects. Nurses interviewed by CHI demonstrated a good understanding of pain assessment tools and the progression up the analgesic ladder.

At the same time, CHI was also told by nursing staff that following the introduction of the policy, it was now taking longer for some patients to be made pain free and that there was a timidity amongst medical staff about prescribing diamorphine. Nurses also spoke of a reluctance of some patients to take pain relief. CHIs case note review concluded that two of the fifteen patients reviewed were not prescribed adequate pain relief for part of their stay in hospital.

CHIs review of random case note review of recent admissions concluded that the pain assistance and management policy was being adhered to. CHI was told by staff of the previous practice of anticipatory prescribing of palliative opiates. As a result of the pain and assessment policy, this practice has now stopped. CHI understands that one of the people who initiated this change of practice was the staff grade physician appointed in September 2000, who had expressed concern over the range of anticipatory doses prescribed on the wards, based on knowledge gained elsewhere.

Many staff interviewed referred to the "Wessex" palliative care guidelines (explained in paragraph??) which are in general use on the wards. Though the section on pain focuses on patients with cancer, there is a clear highlighted statement on the opening page which states that "All pains have a significant psychological component, and fear, anxiety and depression will all lower the pain threshold".

The guidelines are comprehensive and include detail, in line with British National Formulary recommendations, *(need to check)* on the use, dosage, and side effects of drugs commonly used in a palliative care environment.

Prescription writing policy
This policy was produced jointly with the Portsmouth Hospitals NHS Trust in March 1998. The policy covers the purpose, scope, responsibilities, requirements for prescription writing, medicines administered at nurses' discretion and controlled

drugs for TTO (as required). A separate policy covers the administration of IV medicines.

The policy also covers a section on verbal orders. Telephone orders for single doses of medicines can be accepted over the telephone by a registered nurse if the doctor is unable to attend the ward. According to UKCC guidelines (October 2000), this is only acceptable where the, "the medication has been previously prescribed and the prescriber is unable to issue a new prescription. Where changes to the dose are considered necessary, the use of information technology (such as fax or e-mail) is the preferred method. The UKCC suggests a maximum of 24 hours, in which a new prescription confirming the changes should be provided. In any event, the changes must have been authorised before the new dosage is administered. "CHI understands that arrangements such as these are common practice in GP led wards and work well on the Sultan ward, with arrangements in place for GPs to sign the prescription within 12 hours. These arranagements were also confirmed by CHIs case note review.

Administration of medication
Medication can be administered in a number of ways, orally in tablet form, by injection and under the skin via a syringe driver. Guidance for staff on prescribing via syringe drivers is contained within the policy for assessment and management of pain and states that all prescriptions for continuous infusion must be written on a prescription sheet designed for this purpose.

CHIs case note review demonstrated good examples of communication with both patients and relatives over medication and the use of syringe drivers.

Role of nurses in medicines administration
Registered Nurses are accountable for their own practice in the administration of medicines and have a professional responsibility to adhere to the Code of Professional Conduct (UKCC June 1992), The Scope of Professional Practice (UKCC June 1992) and to the Standards for the Administration of Medicines (UKCC October 1992).

Information provided by the Trust indicates that only two qualified nurses from Sultan ward had taken part in a syringe driver course in 1999. Five nurses had also completed a drugs competencies course. No qualified nurses from either Dryad or Deadalus ward had taken part in either course between 1998 and 2001. Some nursing and healthcare support staff spoke of receiving syringe driver information and training from a local hospice.

Review of medication
In November 1999, a review of the use of neuroleptic medicines, which are major tranquillisers such as haloperidol, within all trust elderly care continuing care wards concluded that neuroleptic medicines were not being over prescribed. The same review revealed that "the weekly medical review of medication was not necessarily recorded in the medical notes". The findings of this audit and the accompanying action plan, which included guidance on completing the prescription chart correctly, was circulated to the clinical assistant and Dryad and Daedalus wards. A copy was

not sent to Sultan ward. There was a re-audit in January 2000, when it was concluded that *???* (*trust asked for copy)*

Structure of pharmacy

The PHCT have a service level agreement with the local acute trust, Portsmouth Hospitals NHS Trust, for pharmacy services. The contract is managed locally by a grade E pharmacist and the service provided by a second pharmacist who is the lead for older peoples services. Pharmacists speaking to CHI spoke of a remote relationship between the community hospitals and the main pharmacy department at Queen Alexandra Hospital, together with an increasing workload. Pharmacy staff were confident the pharmacist would challenge large doses written up by junior doctors but stressed the need for a computerised system which would allow clinician specific records. There are some recent plans to use the trust intranet to provide a "Compendium of Drug therapy Guidelines, though CHI was told that the intranet was not generally available.

Pharmacy training to other non-pharmacy staff was regarded as "totally inadequate" and not taken seriously. There was no awareness of any training offered to clinical assistants

CHI was not aware of any trust systems which could have alerted the PHCT to any ususual or excessive patterns of prescribing.

FINDINGS

- CHI has serious concerns regarding the quantity, combination and lack of review of medicines prescribed to older people on Dryad and Deadalus wards in 1997/98. This is based on the findings of police expert witnesses and pharmacy data provided for the wards.
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- CHI welcomes the introduction and adherence to policies regarding the prescription, administration, review and recording of medicines. Though the palliative care "Wessex" guidelines refer to non-physical symptoms of pain, the polices themselves do not include methods of non-verbal pain assessment and rely on the patient articulating when they are in pain.

- Pharmacy support to the wards in 1998 was inadequate. CHI remains unconvinced that there are adequate systems in place to review and monitor prescribing at ward level.

RECOMMENDATIONS

- The PCT should review the provision of pharmacy services to Dryad, Deadalus and Sultan wards, taking into account the change in casemix and useage of these wards in recent years.
- The PCT must review the introduction of IT in maintaining records of prescribing.
- The PCT, in conjunction with the Pharmacy department, must ensure that all relevant staff are trained in the prescription, administration, review and recording of medicines